

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	2859
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	Shape Cutting System
<b>Attorney Docket Number::</b>	031890-1754
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	5
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Christopher R.
<b>Family Name::</b>	Carlson
<b>City of Residence::</b>	Wausau

**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** 545 South 56th Avenue  
#7  
**City of mailing address::** Wausau  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 554401

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** William J.  
**Family Name::** Schulz  
**City of Residence::** Mosinee  
**State or Province of Residence::** Wisconsin  
**Country of Residence::** US  
**Street of mailing address::** 302 Lorianna Avenue  
**City of mailing address::** Mosinee  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 54455

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Jamieson

**Family Name::** Foght  
**City of Residence::** Wausau  
**State or Province of** Wisconsin  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 302 Baypark Court  
**City of mailing address::** Wausau  
**State or Province of mailing** WI  
**address::**  
**Postal or Zip Code of mailing** 54401  
**address::**

#### **Correspondence Information**

**Correspondence Customer Number::** 27433  
**E-Mail address::** PTOMailChicago@Foley.com

#### **Representative Information**

<b>Representative Customer</b>	27433	
<b>Number::</b>		

#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent</b>	<b>Parent Filing</b>
		<b>Application::</b>	<b>Date::</b>
This Application	Continuation of	09/769,683	01/25/2001

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee name::** Alterra Holdings Corporation